## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

**Application or Docket Number** 

| Effective December 8, 2004  |   |   |  |                               |                     |                                  |            |                     | 10,554417              |            |                     |                        |
|---|---|---|--|-------------------------------|---------------------|----------------------------------|------------|---------------------|------------------------|------------|---------------------|------------------------|
|   |   | CLAIMS A                                  | AS FILED - P   |                               |                     | (Column 2)                       |            | SMALL ENT           | 11Y                    | OR         | OTHER<br>SMALL E    |                        |
| U.S. NATIONAL STAGE FEES  |   |   |  |                               |                     |                                  | 1          | RATE                | FEE                    |            | RATE                | FEE                    |
| BASIC FEE   |   |   | SMALL ENT. = \$ 150  |                               | LARGE ENT. = \$ 300 |                                  | 1          | BASIC FEE           |                        | OR         | BASIC FEE           | - نين 3                |
| EXAMINATION FEE   |   |   | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                     |                               |                     | her situations =<br>100 / \$ 200 | 1          | EXAM. FEE           |                        |            | EXAM. FEE           | ت ت                    |
| SEARCH FEE  |   |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                               | _                   | ner situationa =<br>250 / \$ 500 |            | SEARCH FEE          |                        |            | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |   |   | minus 100 =  |                               |                     | / 50 =                           | ] .        | X \$ 125 =          | *.                     |            | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS   |   |   | 23 minus 20 =  |                               | •                   | 3                                |            | X \$ 25 =           | -                      | OR         | X \$ 50 =           | 150                    |
| INDEPENDENT CLAIMS  |   |   | . / minus 3 =  |                               | •                   |                                  |            | X \$ 100 =          |                        | OR         | X \$ 200 =          |                        |
|   | ·   | DENT CLAIM PRI                            |  | _                             |                     |                                  | + \$ 180 = |                     | OR                     | + \$ 360 = |                     |                        |
| * If the difference in column 1 is less than zero, enter *0* in column 2  |   |   |  |                               |                     |                                  |            | TOTAL               |                        | OR         | TOTAL               | 1050                   |
| /(  | CLAIMS AS AMENDED - PART II  O S (Column 1) (Column 2) (Column 3) |   |  |                               |                     |                                  |            | SMALL E             | NTITY                  | OR         | OTHER SMALL E       |                        |
| AMENDMENTA  | /   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIX<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA                 |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | .23                                       | Minus  | <u> </u>                      | 3                   | - 0                              |            | X \$ 25 =           |                        | OR         | X \$ 50 =           | \· /                   |
|   | Independent   | • .1                                      | Minus  | 2                             |                     | - 0                              |            | X \$ 100 =          | _                      | OR         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                    |   |  |                               |                     |                                  |            | + \$ 180 =          |                        | OR         | + \$ 360 =          | $\triangle$            |
|   |   |   |  |                               |                     |                                  |            | TOTAL ADDIT.<br>FEE |                        | OR         | FEE                 |                        |
| (Column 1) (Column 2) (Column 3)  |   |   |  |                               |                     |                                  |            |                     |                        |            |                     |                        |
| AMENDMENT B   |   | CLAIMS REMAINING AFTER AMENDMENT          | ·  | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA                 |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | •   | Minus  | H                             |                     | =                                |            | X \$ 25 =           |                        | OR         | X \$ 50 =           |                        |
| AME   | Independent   | •   | Minus *  | ***                           |                     | =                                |            | X \$ 100 =          |                        | OR         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                    |   |  |                               |                     |                                  |            | + \$ 180 =          | ·                      | OR         | + \$ 360 =          |                        |
|   |   |   |  |                               |                     |                                  |            | TOTAL ADDIT.        |                        | OR         | TOTAL ADDIT.<br>FEE |                        |
|   |   |   |  |                               |                     |                                  |            | ٠                   |                        |            |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |  |                               |                     |                                  |            |                     |                        |            |                     |                        |

FORM PTO-875 (Rev. 02/2005)